U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7983	2. Fiscal Year Covered From:	
	7/7/2009 Through: 12/31/2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Manuel Monsibais	Name LIVNA Local 220	
	Labor Organization File Number 00 1760	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 2201 H Street	Street	
City Bakers Field	City Bakerskield	
State Colifornia ZIP Code +4 93301	State California ZIP Code +4 92802	
5. Position in labor organization. SUSTNESS Mo.	Emergent of the Market and	
	ise or minor child directly or indirectly had any of the following interest	
Enter appropriate data below If, during the past fiscal year, you or your spot except as specified in the exclu-	nione and family of the following interests	
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Name of Person Filing		
B Held an interest in		File Number U-
B. Held an interest in or derived income or economic benefit with monsubstantial part of which consists of buying from, selling or leasing to, of an employer whose employees your labor organization represents of 2) any part of which consists of buying from or selling or leasing direct dealing with your labor organization or with a trust in which your labor or	wide dealing with the business	
Name and address of Business (including trade name, if any)		·
Name Associated Third Porty Administrat	ars.	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 4399 Santa Amrta Avenue	c. Employer	
City El Monte State Cal Faces	7	
ZIP Code + 4 9/73/		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Const. Laborers Trust Funds for So. (Provides Thi	ind party e services to
Trade Name, if any:	administrative trust fund	services to
P.O. Box, Bldg., Room No., if any Street Same as above	$\exists $	5
City	11.b. Approximate dollar value of	Contraction of the Contraction o
State	12.a. Nature of interest held or i	ncome received.
ZIP Code + 4	6-2-04	W. V.
	Oinner a	t restaurant.
	12.b. Amount.	was a second of the second of
Received from any employer (other than an employer covered und from any labor relations consultant to an employer any payment of mone	der parts A and B above)	manus and the second se
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
ime		The forest contract of the con
ade Name, if any:		
D. Box, Bldg., Room No., if any		The state of the s
eet		The Addition of the Control of the C
		on management of the contract
8		
ZIP Code + 4		
ZIP Code + 4 o. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	